Plea	UNIFORM HAZARDOUS  1. Generator's US EPA ID No.  C.A.D.O.8.6.5.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	4-3 839 442 621 884: 4-2	he shaded areas			
	3. Generator's Name and Mailing Address DUIGLAS AIRCRAFT CU. 190th & Normand le Torrance, CA 90502 4. Generator's Phone ( ) (213) 533-6677	A State Generator's ID				
		Transporter's ID porter's Phone (2)	(3) 266-3137			
		Transporter's ID				
	P.O. Rox F. NTII Road	Facility's ID DD 07487 ty's Phone	اح			
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  No. Type	13. 14. Total Unit Quantity Wt/Vo	I. Waste No.			
GENER	Waste Sodium Hydroxide Solution - Corrosive UN1824 0 0 1 T T	045006	121			
A T O R	<b>b</b> .					
	C.					
	d.					
	J Addition Program of Materials Used Above Social Atuainate 65 45 Sulfur 65 45 Hater 805 865	ling Codes for Wasti 08/14 s	s Listed Above			
	15. Special Handling Instructions and Additional Information #60 USE gloves, goggles, respirator - May cause severe burns to ski  16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and acc above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in pit transport by highway according to applicable international and national governmental regulations.	curately described				
	Printed/Typed Name Signature		Date  Month Day Year			
Y	Donald C. Gerber Clt Chrald X owler  17. Transporter 1 Acknowledgement of Receipt of Materials		Date			
RAN	Printed/Typed Name/ Signature Signature		Month Day Year			
S P O R	18. Transporter 2 Acknowledgement or Receipt of Materials	4	Date			
T E R	Printed/Typed Name TANNER Signature		Month Day Year			
FACT	19. Discrepancy Indication Space					
4	20. Facility Owner or Operator: Certification of receipt of hazardous materials correctly an anifest elem 19:	xcept as noted in	Date			
	Casmalia Resources- Edon Bautista Jalen Bau		Month Day, Year			
		WO:	<b>#52031</b>			

DHS 8022 A (7/84) (EPA 8700-22)

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 8964



TANK #206, #207, #212

Dopartment of Health Services
Toxic Substances Control Division
Sacramento, California

Ple	se p	rint or type. (Form designed for use on elite (12-pitch) typewriter.)		1110	<u> </u>		<u>.</u> / ./		·		
À			A ID No. Ma 5 1 0 0 0 5 Docur	nifest nent No.	2. Page 1 Information in the shaded areas is not required by Federal law.						
	3. Generator's Name and Mailing Address DOUGLAS AIRCRAFT CO. 190th & Normandie Torrance, CA 90502 4. Generator's Phone ( ) (213) 533-6677					2 41 2 41 ator's ID					
	5.	- I M I demonstrate the color of the color o			C.State Transporter's ID  D.Transporter's Phone (213) 268-3137						
	7.	Transporter 2 Company Name 8.	US EPA ID Numb	E.State Transporter's ID F.Transporter's Phone					197		
	9.	Designated Facility Name and Site Address 10. US EPA ID Number				G.State Facility's ID  H.Facility's Phone					
 G	11.	US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12.Conta	iners Type	13. Total Quanti		14. Unit Vt/Vol	l. Waste N	a.	
ENER	а.	Waste Sodium Hydroxide Solution - Corr	rosive UN1824	001	TI	0 4 5	0 0	6	121		
A T O R	b.										
	C.										
7	d.				,						
	J. Additional Descriptions for Materials Lighted Above  Soft Land Juminate 68 45. Sulfur 68 48 Natur 80% 865  15. Special Handling Instructions and Additional Information #80 Use gloves, googles, respirator - May cause severe burns to skin and eyes.										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.											
V		Printed/Typed Name Donald C. Gerber clt	Signature	H.	te,	1		Mo	Date Inth Day	Year SS	
T R		Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature			*.	Target A	10-	Date	Year	
N S	-	CAR A.S. Stade State &	O.B. Ideal Co.		4	A STATE OF THE STATE OF			<u> </u>	, cai	
R T E R		ansporter 2 Acknowledgement or Receipt of Materials inted/Typed Name Signature						Ma I	Date onth Day	Year	
FAC	19.	Discrepancy Indication Space						<b></b> .			
<b>Y</b>	20.	Facility Owner or Operator: Certification of research	s materials covered b	y this ma	nifest	except as	noted	in		i king stati	
•		Printed/Typed Name Signature						Mo	Date onth Day	Year	
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